



Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 22, 2016

Ms. Gail Kaminski Potter, Manager
Our Lady Of Providence
47 West Spring Street
Winooski, VT 05404-1397

Dear Ms. Kaminski Potter:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 4, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that appears to read "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2016
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET WINOOSKI, VT 05404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey and investigation of 3 complaints was conducted by the Division of Licensing & Protection on 3/3 & 3/4/2016. There were no regulatory deficiencies identified related to the 3 complaints. There were regulatory deficiencies identified as the result of the re-licensure survey. Findings include:	R100	Our Lady of Providence submits this Plan of Correction under procedures established under the Vermont Residential Care Home Regulations. This Plan of Correction should not be construed as either a waiver of Our Lady of Providence's right to appeal or an admission of past or ongoing violations of regulatory requirements.	
R104 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.	R104	R104 The admission agreement will include all elements under 5.2.a of the Residential Care Home Regulations. An Addendum for ACCS residents shall include the ACCS services, room and board rate, the amount of the personal need allowance, and the provider's agreement to accept room and board and Medicaid as sole payment. An Admission Agreement will be signed by Resident #7. An audit will be conducted of all current residents to ensure that an admission agreement has been signed, and for ACCS residents, the Addendum, as well. The Administrator shall ensure that all residents sign an admission agreement at the time of admission. Goal Date: 4/30/2016	
(1) In addition to general resident agreement				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David Petto, NHA 3-22-2016

STATE FORM

6899

TQJU11

If continuation sheet 1 of 5

R104 - R179 POCs accepted 3/22/16 MhigginsRN/PML

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R104	<p>Continued From page 1</p> <p>requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to assure that there was a signed Admission Agreement present in the record for Resident #7 (R#7) and that there were agreements for all ACCS (Assistive Community Care Service) participants which include the specific language required regarding ACCS services including the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. Findings include:</p> <p>1.) Per record review R#7 was admitted to the facility on 6/6/2013. There was no signed Admission Agreement in the record for R#7. The Administrator confirmed, in an interview on 3/3/16 at 3:45 PM that resident #7 had not signed an Admission Agreement.</p> <p>2.) Per record review the facility Admission Agreement does not contain the required information. At the time of the survey the facility had 3 residents on ACCS services. In an interview on 3/3/16 at 11:15 AM the facility Administrator confirmed that there was no ACCS addendum Admission Agreement and that the Agreement reviewed is the agreement used for all residents.</p>	R104		

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R136 R136 SS-A	<p>Continued From page 2</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p><u>5.7-Assessment</u></p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that Resident #3 was reassessed annually within required time frames. Findings include:</p> <p>Per record review Resident #3 was assessed on 1/17/2014, 1/5/2015, and 2/1/2016. On 3/4/2016 at 2:45 PM the Administrator confirmed that the 2016 annual assessment was conducted 27 days after the previous annual survey.</p>	R136 R136	<p>R136</p> <p>An assessment for each resident shall be done annually or whenever there is a change in condition. An audit of all residents shall be conducted to ensure their assessment is within the required time frame. This shall include any resident that has experienced a change in condition. Nursing staff will be in-serviced. The Director of Health Systems shall designate an RN to complete an audit of all resident assessments. Ongoing, this shall be audited quarterly to ensure compliance.</p> <p>Goal Date: 4/30/16</p> <p>R179:</p> <p>Direct care staff members will receive 12 hours of training annually encompassing the 7 areas indicated under 5.11.b of the Residential Care Home Regulations. The 2016 training calendar will be revised to include all of these criteria. Staff will be in-serviced. The Director of Health Systems, or her Designee shall monitor the training transcripts quarterly to ensure compliance.</p> <p>Goal Date: 4/30/16</p>	
R179 SS-E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p><u>5.11 Staff Services</u></p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p>	R179		

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R179	<p>Continued From page 3</p> <p>(1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that twelve (12) hours of training each year was provided to staff providing direct care to residents which includes the prescribed information in the seven required topics. Findings include: Per record review, the facility inservices provided during the year 2015 did not include all of the information required as follows: Topic number 3 did not include accidents, police or ambulance contact and first aid. Topic number 6 Infection Control did not include handling of linens, maintaining clean environments, blood borne pathogens and universal precautions. Topic number 7 did not include General Supervision and Care of residents. Though there were more than 12 hours of education available to staff they were topics offered in an on-line education program and did</p>	R179		

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R179	<p>Continued From page 4</p> <p>not contain information specific to the regulation or the state specifics.</p> <p>In an interview on 3/4/16 the Administrator and the DNS (Director of Nursing Services) confirmed that the on-line education offerings do not contain all of the required information.</p>	R179		